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CERTIFICATE AMENDED affidait of registrant and Childe but the NOTATION buil record (9-17-69 bone)		
1. County of ARIZONA STATE BOARD OF HEALTH		
District of BUREAU OF V	TAL STATISTICS	State Index No.
Town of	FICATE OF BIRTH	County Registrar No.
or	$\cap$	Local Registrar No.
City of No. (If birth occurred in a	hospital or institution, give I	ts NAME instead of street and number)
2. Full name of child Destruct Trey	V Man Man	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 1. Win, triplet or in event of plural births. 5. No., in order of	1181	of birth July 23, 1927.
Full name Mile Lander	Full maiden name (1510	mila Man.
9. Residence (Usual place of abode) Winksman, Whould If nonresident, give place and state	15. Residence (Usual place of abode	
19. Color or race	16. Color or race	
11. Age at last birthday 20 (Years	$h_{i}$	17. Age at last birthday / 7 (Years)
12. Birthplace (city or place) By Jaso, Fras-	18. Birthplace (city or pl	ne Sunto Cruz.
(State or country)	(State or country)	Sussa, Medico
13. Occupation Jw allayers Office Nature of industry	19. Occupation  Nature of industry	La cost de
20. Number of children of this mother ; (a) Born alive and no	(2)	precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive but now dead. O thalmis neonatorum?  (c) Stillborn O thalmis neonatorum?		
CERTIFICATE OF ATTEND		
I hereby certify that I attended the birth of this child, who was	(Born aliye,	at afficial som on the date above stated.
*When there was no attending physician or midwife, then the father, householder, Signature etc., should make this return. A stillborn child is one that neither breathes nor shows	Butter, m. F	(Physician or midwife)
other evidence of life after birth.	ageround with	DOM H
iven name added from supplemental report	SUFFEL, 1929	
Month, day, year.		Local Registrar.
Registrar. 546-823	,-178	County Registrar,

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